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**FILED**

SEPTEMBER 14, 2006

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**NEW JERSEY STATE BOARD  
OF MEDICAL EXAMINERS**

STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF THE SUSPENSION	:	
OR REVOCATION OF THE LICENSE OF	:	Administrative Action
	:	
NANDAVAR K. RAMACHANDRA, M.D.	:	<b>CONSENT ORDER FOR</b>
LICENSE NO. 25 MA 05731600	:	<b>REINSTATEMENT OF LICENSE</b>
	:	
TO PRACTICE MEDICINE AND SURGERY	:	
<u>IN THE STATE OF NEW JERSEY</u>	:	

This matter was most recently opened to the New Jersey State Board of Medical Examiners ("Board") upon receipt of information from the Professional Assistance Program of New Jersey ("PAP") that Nandavar K. Ramachandra, M.D. relapsed into his addiction to alcohol. Dr. Ramachandra entered into a Consent Order effective as of December 20, 2005, which granted him leave to voluntarily surrender his license to practice medicine and surgery in the State of New Jersey for a minimum period of three months.

On May 17, 2006, Dr. Ramachandra appeared with counsel and testified before a Preliminary Evaluation Committee ("PEC") of the Board seeking the reinstatement of his license. After its review of this matter, including Dr. Ramachandra's testimony and his history of both addiction and depression, the Committee recommended that Dr. Ramachandra's petition

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for the reinstatement of his license was premature. The Board ratified the Committee's recommendation on June 14, 2006.

On June 21, 2006, a PEC reviewed additional documentation in support of Dr. Ramachandra's petition for the reinstatement of his license. On August 9, 2006, the Board ratified the Committee's recommendation that Dr. Ramachandra's petition for the reinstatement of his license continued to be premature.

Additional documentation in support of Dr. Ramachandra's petition for the reinstatement of his license was reviewed by the PEC on August 16, 2006. The Committee reviewed Dr. Ramachandra's AA/NA and 12-Step meeting attendance logs, as well as, the July 14, 2006 and August 11, 2006 reports by John J. Verdon, Jr., M.D., a psychiatrist and certified expert in addiction medicine. The Committee further reviewed the PAP's August 10, 2006 Position Statement which reported that Dr. Ramachandra has been compliant with the PAP's treatment plan for more than seven months. This Position Statement supported the restoration of Dr. Ramachandra's license with recommended monitoring provisions. On September 13, 2006, the Board reviewed the Committee's recommendation and concurred with its assessment that Dr. Ramachandra has achieved a continuous, progressive recovery from his addiction to alcohol, and that, with the conditions embodied in this Order, he has demonstrated sufficient rehabilitation, fitness, and ability to resume his practice of medicine.

The parties being desirous of resolving this matter without the necessity of further proceedings, and it appearing that Dr. Ramachandra has read the terms of the within Order and understands their meaning and

effect and consents to be bound by same, and it further appearing that the Board finds that the within Order is adequately protective of the public health, safety, and welfare,

IT IS ON THIS 13<sup>th</sup> DAY OF September, 2006,

ORDERED:

1. The license of Nandavar K. Ramachandra, M.D. ("Respondent") to practice medicine and surgery in the State of New Jersey is hereby reinstated subject to the restrictions set forth in this Order.

2. Respondent shall maintain absolute abstinence from all psychoactive substances, including alcohol, except upon prescription from a treating physician for a documented medical condition with advance notification to the Executive Medical Director of the PAP. Respondent shall cause any physician or dentist who prescribes medication which is a controlled dangerous substance to provide a written report to the PAP with patient records indicating the need for such medication. Such report shall be provided to the PAP no later than seven (7) days subsequent to the prescription in order to avoid any confusion which may be caused by a confirmed positive urine test as a result of such medication.

3. Respondent shall attend Alcoholics Anonymous, Narcotics Anonymous, and/or 12-Step meetings as directed by the PAP and at a minimum frequency of four (4) times per week. Respondent shall continue to attend these meetings four (4) times per week until such time as the Executive Medical Director of the PAP determines that a modification to

the frequency of the meetings is warranted consistent with Respondent's duration in recovery. Notification of any changes in Respondent's attendance at these meetings shall be given to the Executive Director of the Board or his designee. Respondent shall provide evidence of attendance at such groups directly to the PAP on a form or in a manner as required by the PAP. The PAP shall advise the Board immediately in the event it receives information that Respondent has discontinued attendance at the support groups.

4. Respondent shall remain in therapy with John J. Verdon, Jr., M.D. on a schedule to be determined by Dr. Verdon. Respondent shall remain in therapy until such time as Dr. Verdon, in consultation with the Executive Medical Director of the PAP, determines that Respondent's participation is no longer required.

5. Respondent shall have his urine monitored under the supervision of the PAP on a random, unannounced twice a week basis for the first six (6) months after resuming his practice of medicine. The urine monitoring shall be reduced to a random, unannounced once a week basis for the next twelve (12) months. Thereafter, urine monitoring shall be on a schedule determined by the Executive Medical Director of the PAP consistent with Respondent's duration in recovery. Notification of any changes in Respondent's urine monitoring shall be given to the Executive Director of the Board or his designee.

The urine monitoring shall be conducted with direct witnessing of the taking of the samples by an individual designated by the PAP. The testing procedure shall include a forensic chain of custody protocol to ensure sample preservation and integrity, and to provide documentation

in the event of a legal challenge. The PAP shall be responsible to assure that all urine samples are handled by a laboratory competent to provide these services.

All test results shall be provided in the first instance directly to the PAP and any positive results shall be reported immediately by the PAP to the Executive Director of the Board or his designee. The Board also will retain sole discretion to modify the manner of testing in the event technical developments or individual requirements indicate that a different methodology or approach is required in order to guarantee the accuracy and reliability of the testing.

Any failure by Respondent to submit or provide a urine sample within twenty-four (24) hours of a request will be deemed to be equivalent to a confirmed positive urine test. In the event Respondent is unable to appear for a scheduled urine test or provide a urine sample due to illness or other impossibility, consent to waive that day's test must be secured from the Executive Medical Director of the PAP, or his designee. Neither a volunteer nor drug clinic staff shall be authorized to consent to waive a urine test. In addition, Respondent must provide the PAP with written substantiation of his inability to appear within two (2) days, e.g. a physician's report, attesting that Respondent was so ill that he was unable to provide the urine sample or appear for the test. "Impossibility" as employed in this provision shall mean an obstacle beyond the control of Respondent that makes appearance for a test or provision of the urine sample so infeasible that a reasonable person would not withhold consent to waive the test on that day. The PAP shall immediately advise the Board of each instance where a request has been

made to waive a urine test together with the PAP's determination in each such case.

6. Respondent shall attend monthly face-to-face meetings with a clinical representative of the PAP for the first six (6) months after resuming his practice of medicine. The face-to-face meetings shall be reduced to a bi-monthly basis for the next six (6) months. Thereafter, the face-to-face meetings shall be on a quarterly basis until such time as Respondent has attained three (3) years of documented recovery. The frequency of the face-to-face meetings thereafter shall be on a schedule determined by the Executive Medical Director of the PAP consistent with Respondent's duration in recovery. Notification of any changes in Respondent's face-to-face followup with the PAP shall be given to the Executive Director of the Board or his designee.

7. The PAP shall provide quarterly status reports to the Board in regard to its monitoring of Respondent as outlined herein including, but not limited to, the urine testing and attendance at support groups. The PAP shall attach to its quarterly reports any and all appropriate reports and/or documentation concerning any of the monitoring aspects of the within program. The PAP shall immediately notify the Board in the event of any indication of a relapse into substance and/or alcohol abuse, and/or non-compliance with the mandates of this Order.

8. Respondent hereby consents to the entry of an Order of Automatic Suspension of license without notice, upon the Board's receipt of any information which the Board, in its sole discretion, deems reliable demonstrating that Respondent has failed to comply with any of the conditions herein, including but not limited to, a report of a

confirmed positive urine or a prima facie showing of a relapse or recurrence of alcohol or drug abuse. The evidence upon which the Order of Automatic Suspension is based shall be provided to the Respondent within 24 hours of the entry of the Order.

9. Respondent shall have the right to apply for removal of the automatic suspension upon written application to the Executive Director of the Board or his designee. A meeting of a Committee of the Board shall be convened within fourteen (14) days of the receipt of Respondent's application to remove the automatic suspension. Respondent shall be granted an opportunity to present evidence limited to a showing that the urine tested was a false positive or that other information the Board relied upon was false. The Committee of the Board shall decide whether or not to grant Respondent's application for the removal of the automatic suspension. Such decision shall take effect immediately. The full Board shall review the Committee's decision at its next regularly scheduled meeting.

10. Any modifications to this Order shall require Respondent to appear before a Committee of the Board.

11. All costs associated with the monitoring program as outlined herein shall be paid directly by Respondent.

12. Respondent shall provide appropriate releases to any and all parties who are participating in the monitoring program as outlined herein as may be required in order that all reports, records, and other pertinent information may be provided to the Board in a timely manner.

13. The parties hereby stipulate that entry of this Order is without prejudice to further action by this Board or other law

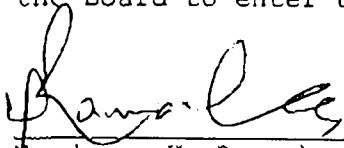
enforcement entities resulting from Respondent's conduct prior to entry of this Order.

NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS

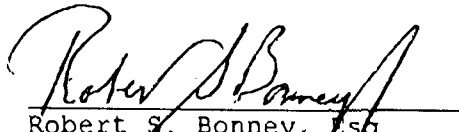
By: Sindy Paul MD MPH  
Sindy Paul, M.D., M.P.H.  
President



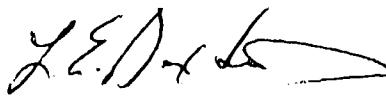
I have read and understood  
the above Order and I agree  
to abide by its terms.  
Consent is hereby given to  
the Board to enter this Order.

  
Mandavar K. Ramachandra, M.D.

Consented to as to form:

  
Robert S. Bonney, Esq.

Consented to on behalf of the  
Professional Assistance Program:

  
Louis E. Baxter Sr., M.D.  
Medical Director  
Professional Assistance Program